

3 – 5% of their budget to maintenance, as planned, due to the fact that the data on actual budget allocations per hospital were not available, only total maintenance per province was available. Progress with the implementation of the EMS Information

System was also slower than anticipated during 2006/07.

All these constraints will be addressed in the next planning and implementation cycle.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HOSPITAL SERVICES & EMS	Improve management of hospitals	% of hospital CEOs with signed PMA	100% by April 2006	75%
		Audit of the skills and capacity of health managers completed	June 2006	Audit completed.
		% of Hospitals CEOs with written delegations	100% by Sept. 2006	75%
		% of hospitals with managers enrolled for or completed a hospital management training programme	25% by December 2006	50%
		Number of hospitals implementing cost centres (electronic or paper)	30 by June 2006	27 hospitals established cost-centres, of which 23 were manual and 4 electronic
	Improve quality of health services delivered by hospitals	Number hospitals achieving more than 50% of their services improvement plans	100 by March 2007	10%
	Improve quality of health services delivered by hospitals	% of hospitals conducting patient satisfaction surveys	100% of hospitals Conduct at least 1 patients' satisfaction survey per year.	70%
	Improve community involvement in hospitals	Number of Hospital Board meetings per hospital per annum	All hospitals boards meet at least 4 times per year by March 2007	2 Hospital Board meetings held by each hospital
		% of hospitals have board members who have attended training on roles and responsibilities	25% by March 2007	20%
	Improving quality of information for decision making	% of hospitals with dedicated facility information officers	25% by March 2007	80%
		% of hospitals with full hospital information data (as in national hospital data set)	25% by March 2007	95%
	Deliver EMS as guided by the National EMS Strategic Framework	Implementation of the National EMS Strategic Framework –	9 Provincial EMS Plans developed	The final draft of EMS Plans prepared
	To improve the quality of information for EMS planning nationally and provincially	Implementation of the National EMS Information System in all 9 provinces	March 2007	25% towards completion



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HOSPITAL SERVICES & EMS	To improve the quality of information for EMS planning nationally and provincially	Model for an integrated computer aided dispatch system developed and costed		10%
	Implement Emergency Centre Regulations	Emergency Centre Regulations implemented in all 9 provinces	Policy and guidelines developed for the implementation of emergency centre regulations	The first draft of the Emergency Centres Regulations produced and discussed with stakeholders.
	Prevent the transmission of infectious diseases between hospitals	Implementation of infectious disease policy for EMS implemented in all 9 provinces by March 2008	Infectious disease policy and guidelines developed by March 2007	Final Draft of Infectious disease policy and guidelines produced
	Prepare a plan for Health and Emergency Medical Services for the FIFA 2010 World Cup	Completion of the operational plan for the health and medical logistics for the FIFA 2010 World Cup	Strategies and plan to manage the health and medical logistics for the FIFA 2010 World Cup developed	Working group had been established as part of a dedicated World Cup Unit.
	Provide a disaster management plan for the Health sector in terms of the Disaster Management Act 57 of 2002.	Disaster management plan for the Health sector completed	Plans for disaster management developed in each province	A Draft Disaster Management Plan was produced and circulated for comment and input.
	Strengthen relations with the private health sector	Memorandum of understanding (MoU) with the SA Red Cross Society implemented	Memorandum of understanding with the SA Red Cross Society signed	Draft MOU produced Red Cross Bill accepted by Parliamentary Portfolio Committee for Health
	Develop policy on national and international health response to disasters	Policy on national and international health response to disasters finalised	Policy on national and international health response to disasters developed and implemented	20%
	Expand the Hospital revitalisation programme	Number of Business Cases for hospital revitalisation accepted by the NDoH	21 additional business cases accepted by NDoH (from 42 to 63 BCs)	63 business cases accepted
	Improve time frames for submission of project implementation plans	Project implementation plans for the next Financial Year accepted by NDoH by January of preceding year	2006/07 Project implementation plans accepted by NDoH in Feb 2006	7/9 provinces submitted 2007/08 project implementation plans
	Establish a functional monitoring and evaluation system	Annual Project review report produced	2005/06 Annual Project review report produced by June 2006	8/9 provinces submitted monthly quarterly reports
	Develop and implement Norms and standards for Health Infrastructure	% of Hospitals Compliant with Norms and standards for Health Infrastructure	25%	Not achieved. Health Infrastructure Norms and Standards have not been gazetted in terms of the National Health Act and compliance can therefore not yet be measured
	Improve Health Infrastructure	Development and implementation of a planned preventative maintenance programme	All hospitals have a planned preventative maintenance programme	All provinces report that all hospitals have a planned preventative maintenance programme.
		% of hospital budget allocated to maintenance	50% of hospitals allocating 3 – 5% of their budget to maintenance	Data on actual budget allocations per hospital not available, only total maintenance per province



14. HEALTH ECONOMICS

Progress was made towards the costing of the district hospital package. Data capturing commenced, and robust data cleaning methods were used to address areas of poor data quality and incomplete data.

With regard to the implementation of Phase 1 of the Modernisation of Tertiary Services (MTS) Plans (procurement of diagnostic and radiology equipment), a detailed report on the status of Radiation Oncology equipment in the public hospitals was completed, and prepared for tabling before the National Health Council (NHC).

A study into the technical efficiencies of district hospitals was completed. Data was captured for 7 provinces, excluding Limpopo and North West provinces, whose data was not available. Preliminary results of the study will be released once all 137 hospitals have been ranked according to level of efficiency.

Various activities were undertaken to conduct the National Health Accounts, 90% of private sector and 60% of the public sector expenditure data were captured during the reporting period.

Regulations pertaining to the National Health Reference Price List were also produced, which incorporated comments received from various stakeholders.

With regard to challenges experienced, the District Health Expenditure Reviews could not be conducted and completed by November 2006, as originally planned. This was largely due to the delays with the procurement of software.

The Department also made a decision not to pursue the assessment of levels of spending on HIV and AIDS in South Africa, as well as the National Reproductive Health Accounts, as separate studies. It was decided to incorporate these studies into the scope of the National Health Accounts (NHA) study being conducted by the Department.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HEALTH FINANCIAL PLANNING & ECONOMICS	Develop consensus with the National Health Council (NHC) and Provincial Heads of Health on strategic health priorities that require additional funding	Bids for 10X10 and joint Health-Treasury meeting prepared.	Health sector bid ready by June & August 2006/2007	Health sector budget bid proposal was presented to National Treasury for funding during the Medium Term Expenditure Framework period.
	Award a tender to conduct the Benefit Incidence study and appoint project manager and steering committee. Begin a data collection exercise.	Report on the Benefit Incidence study produced by Jan 2009	Complete tender process and conduct benefit incidence study	Tender for the Benefit Incidence study awarded to the University of Cape Town
	Implement of the MTS plans	Number of provinces and hospitals implementing the MTS	9 Provinces implement phase 1 (procurement of diagnostic and radiology equipment)	A detailed report on the status of Radiation Oncology equipment in public hospitals completed.
	Conduct Provincial Health Expenditure reviews	Report on district health expenditure reviews	November 2006/07	Delays experienced in procuring the software required for the DHER Tool
	Determine the total costs of implementing the district hospital package in South Africa.	Report on costing of district hospitals produced	Report on costing of district hospital package completed by June 2007	Data capturing commenced, but was hampered by poor quality of data collected from paper records. A robust data cleaning process is currently underway
	Commission a study into technical efficiencies in district hospitals produced by February 2008.	Report on technical efficiencies in district hospitals produced	Conduct study into a study into technical efficiencies of district hospitals	Data input tools developed and finalised. Data entered for 7 provinces.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HEALTH FINANCIAL PLANNING & ECONOMICS	Determine the flow of health care resources by financing intermediaries	Report on National Health Accounts produced	Conduct National Health Accounts	90% of private sector and 60% of the public sector expenditure data was entered
	Publish the tariffs to be charged by health care providers as specified in chapter 11 of the National Health Act.	National Health Reference Price List published by the Minister of Health in 2007	Draft National Health Reference Price List published by the Minister of Health in 2007 for comment	Final regulations on the National Health Reference Price List developed
	Conduct national HIV & AIDS spending assessment	Report on national HIV & AIDS spending assessment completed	Conduct an assessment of national spending on HIV & AIDS in both the public and private health sector	The National DoH decided to incorporate this assessment into the National Health Accounts study.
	Conduct Reproductive Health Accounts	Report on National Reproductive Health Accounts	Conduct an assessment of National Reproductive Health Accounts public and private health sector	National Reproductive Health Accounts will be included in the National Health Accounts
	Develop a Health Charter	Health Charter finalised	Health Charter finalised by March 2007	Draft 8 of the Health Charter produced; negotiations with stakeholders on going.

15. HEALTH INFORMATION, EVALUATION, AND RESEARCH (HIER)

One of the pillars of the Department's efforts to improve Quality of Care, is strengthening the monitoring systems for complaints raised by users of health services. During 2006/07, close to 40% of complaints received from users of health services were resolved within 25 working days.

Also, 60% of revitalisation hospitals conducted clinical audits as required by the Division of Revenue Act (DoRA). 70% of these hospitals also implemented the prescribed quality improvement methods and systems. The first draft of the Quality Assurance Training Framework was completed, and submitted to the Health and Welfare Sector Education Training Authority (SETA) for approval. Training institutions are in the process of developing training modules relevant to the Quality Assurance domain, and using these to develop their own SAQA approved training programmes.

Implementation of ICD-10 coding was enhanced. A total of 432 public sector staff were trained to ensure appropriate billing, which exceeded the 2006/07 target of training 200 public sector staff. A Draft Regulatory Review on ICD-10 Coding and the right to privacy/confidentiality documents were developed. The establishment of Tele-learning Centre in Mpumalanga Province, as well as the e-Health Education Centre at the Cecilia Makiwane Hospital in Eastern Cape, was completed.

Health Indicator Updates on diverse issues such as *Public and Private Sector Monitoring and Evaluation of HIV and AIDS Care Management and Treatment Plan*, *Reproductive and Sexual Health and Hospital Services Indicators* were produced.

Monitoring of the Comprehensive HIV and AIDS Plan was improved, with provinces providing regular monthly reports during the fourth quarter. In addition, the 2006 Annual Public Sector Antenatal HIV and Syphilis Survey was printed and launched by the Minister.

The Department also fortified its oversight over health systems research in the country. The National Health Research Ethics Council (NHREC) was appointed by the Minister in September 2006, which was consistent with the 2006/07 target. The regulations for the establishment of the NHREC were also published. The Minister also appointed the National Health Research Committee (NHRC). The regulations for the appointment of the NHRC were also published, which was consistent with the 2006/07 target. The regulations on the conduct of research on human subjects were published in February 2007.

The register for clinical trials was accessible on the Departments' website as from April 2006, which was in keeping with the 2006/07 target. By the end of 2006/07, 149 clinical trials were registered.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Quality Assurance Training Framework approved by SAQA	Development of training standards for all identified training areas	Quality Assurance Training Framework approved by SAQA by June 2007	Draft Quality Assurance Training Framework produced and sent to the HWSETA for approval; Training modules have been prepared
	Increase functionality of complaints system	% of complaints resolved within 25 working days	50%	39%
	Monitor clinical quality in revitalisation hospitals (provincial function)	% of revitalisation hospitals conducting at least one clinical audit as required by the Division of Revenue Act (DoRA)	70%	60%
		% revitalisation hospitals per province implementing proposed/prescribed quality methods and systems	90%	70%
		% increase in the number of public sector hospitals conducting clinical audits as required by the Division of Revenue Act (DoRA)	10%	No increase
	Implementation of the ICD-10 code in all public and private sector	ICD -10 Curriculum developed	200 Public Sector Staff Trained to ensure billing	432 public sector staff were trained to ensure appropriate billing, The development of career path in clinical coding now being considered by Health and Welfare SETA.
	SA-Health Smart Card Standards approved by SGB	SA- Telemedicine Standards approved by SGB	SA-Health GIS Standards approved by SGB	SGB to be established as a training authority for coding. Business Case and proposal has been submitted to Health and Welfare SETA for consideration.
	SA DRG developed	Pilot SA-DRG in 2 Hospitals	Implement SA_DRG in 2 Central Hospitals	SA DRG development could not proceed as no common procedure code has been agreed upon.
	Develop e-Health Policy	e-Health Policy formulated	e-Health Policy produced and circulated for comment	Draft e-Health Policy completed and circulated for comments.
	Implement a Single mortuary Information System	Mortuary Information system in place in selected provinces	Mortuary Information system implemented in the Western Cape	Mortuary Information System implemented in Western Cape.
Phase 2 of telemedicine expanded to 120 sites	Percentage (%) of telemedicine sites	100%	Implementation of the first 6 sites almost complete.	





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Expansion of tele-learning centre to 2 provinces	Expansion of tele-learning centre to 3 provinces	Expansion of tele-learning centre to 3 provinces	Establishment of Tele-learning Centre in Mpumalanga is now complete. Establishment of the e-Health Education Centre in Cecilia Makiwane Hospital in Eastern Cape has been completed.
	Coordinate, support and conduct research and monitoring and evaluating activities	Number of Health Indicator Updates produced	4 Health Indicator Updates	Various indicator updates completed, including the Monitoring and Evaluation of HIV and AIDS Care Management and Treatment Plan in the Public and Private sectors.
	Coordinate, support and conduct research and monitoring and evaluating activities	No. of Key Health Statistics booklets published	1 Key Health Statistics booklet	2005/06 Key Health Stats booklet finalised, distributed
		Status Report: Health Goals, Objectives and Indicators printed	Status Report published	Draft report finalised
		UNGASS Declaration completed	2005 Country Reported completed and submitted to UNGASS	2005 Country Reported completed and submitted to UNGASS
		No. of research projects funded for the Comprehensive HIV and AIDS plan completed within the stipulated time frames	100% of funded research projects (1-year projects) completed	Research Agreements with seven applicants were signed. Protocols were received from applicants awarded funding for research on HIV and AIDS.
		No. of provinces submitting data for monitoring the implementation of the Comprehensive HIV and AIDS Care, Management and Treatment Plan	All 9 provincial data available nationally	The latest official stats available to December 2006
	Coordinate, support and conduct research and monitoring and evaluating activities	No of M&E training workshops at National and Provincial levels	1 national and 3 provincial training workshops conducted	Training on M&E for Provincial and National officials conducted.
		Burden of Disease study commissioned in hospitals	Burden of Disease study commissioned	A meeting with the successful bidder was held in March 2007 to discuss the commencement of the project.
		Central Data Warehouse (CDW) established	Data warehouse architecture designed and tested	Not Achieved
		Report on the Facilities Survey	Conduct the Facilities Survey in 2006	It was decided that a PHC facilities audit should be conducted and preparations commenced to initiate this audit.
		Preliminary SADHS Report published	June 2006	Report produced.
		Full SADHS 2003 compiled and published	December 2006	Report being compiled
	Strengthen expanded second generation HIV Surveillance	Report on the National Behavioural Surveillance Study published every 3 years	Conduct the 2 nd National Behavioural Surveillance Survey in 2006	A Draft report of the key indicators of all recent behavioural studies has been compiled.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Strengthen expanded second generation HIV Surveillance	Report on the incidence of HIV and AIDS published	April 2007	The work on this project has been halted internationally due to the fact that methodology is still being refined
		Report on the Annual Public Sector Antenatal HIV Syphilis Survey published	April 2007	The report was completed and released
	Strengthen Integrated Disease Surveillance and Response	Electronic Integrated Disease Surveillance System implemented	Electronic Integrated Disease Surveillance System implemented nationally by September 2006	A new strategy to improve the web-based Notifiable medical conditions system has been drafted.
		Surveillance of notifiable medical conditions and priority diseases improved	Strengthen reporting notifiable medical conditions and priority diseases functional by March 2007	Offline solution developed during 2006/07 but not used by all provinces as yet.
		Report on cancer surveillance published	Annually	The report has not been published due to lack of personnel.
	Strengthen Integrated Disease Surveillance and Response	Regulations on notifiable medical conditions published	Regulations on notifiable medical conditions published for comment by March 2006 Regulations notifiable medical conditions published for implemented by December 2006	Regulations not yet published
		Report on health Trends published	March 2007	Draft Health Trends for 2005 compiled, and finalized but will be updated with 2006 data, published as Health trends 2006
	Strengthen Mortality Surveillance	Report on non natural mortality surveillance published	March 2007	Saving Mothers Report with recommendations published
		Report on maternal mortality published	March 2007	Report has not been published
		National and Provincial Training on Basic and Applied Epidemiology and Disease Surveillance	Training plan developed 1 National training workshop conducted	Training on Disease Surveillance is ongoing.
		Support to Provincial Surveillance Officers conducted	Monthly support & progress reviews and quarterly technical meetings	Provincial visits commenced





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)	
HEALTH INFORMATION, EVALUATION AND RESEARCH	Strengthen Mortality Surveillance	12 Statistical notes published	12	Statistical notes will be published once the data problems are addressed	
		No of Health Trends published	1	Draft Health Trends for 2006 compiled	
		No of Epi Comments Published	4	Epidemiological comments published	
	Establish National Health Research Committee (NHRC)	Functional National Health Research Ethics Council (NHREC) established	Regulations for establishment of a National Health Research Ethics Council Published		Regulations for the NHREC published in February 2007.
			The National Health Research Ethics Council appointed by Minister December 2006 and in office		Minister appointed the NHREC in September 2006.
			Regulations for establishment of National Health Research Committee published		Regulations for the NHRC published in February 2007
	Coordinate, support and conduct research and monitoring and evaluating activities	National Health Research Policy published	The NHRC appointed by Minister December 2006 and in office		Minister appointed members of the NHRC in March 2007
			National Health Research Policy published	National Health Research policy published by January 2007	Policy drafting in process in collaboration with Department of Science and Technology
			Report on National Health Research Priorities published	National Research Priority Setting Conference held by March 2006 National Health Research Priorities Published December 2006	Conference held as planned Conference Report and a list of priorities have been finalised
	Coordinate, support and conduct research and monitoring and evaluating activities	Strengthen Mortality Surveillance	SOPS for the registration of research ethics committees published by July 2006		The final Standard Operating Procedures (SOPS) for the registration of research ethics committees were presented to the NHREC.
		Revised Guidelines for Good Clinical Practice	GCP revised published and official launch of guidelines by April 2006		Revision of the GCP completed
		Regulations on the conduct of research on human subjects Published	Regulations published for comment by December 2006		Regulations on the conduct of research on human subjects published in February 2007
		Electronic Health Research database established and updated annually	Database accessible on the DoH website		Excel database available
		Registration of clinical trials	Clinical trials registration website (SANRR) accessible by April 2006		Registration website accessible 149 clinical trials registered
		Report on annual Health research expenditure Published	Health Research Expenditure survey conducted in March 2006 and report published December 2006		Data collection in progress



16. DISTRICTS AND DEVELOPMENT

Primary Health Care (PHC) services are the fundamental building block of the health system in South Africa. During the reporting period, the Department continued to provide oversight and leadership over the delivery of PHC services through the District Health System (DHS), and has strengthened planning and monitoring of service utilisation.

Access to PHC services, as measured by headcounts, increased from 67,021,961 in 1998/99 to 99,365,898 in 2004/05 and to 101,758,377 in 2005/06 and to 101,644,080 in 2006/07. A national PHC utilization rate of 2.11 visits per person per annum was achieved during 2006/07. This was in keeping with the figure of 2.2 visits per annum recorded in 2005/06, but lower than the target of 2.8 visits per annum set for 2006/07.

Against the backdrop of these PHC utilisation figures, key focus areas of the Department during 2007/08 will include conducting a PHC audit of services and infrastructure to assess the extent to which the full package of PHC services is delivered and the physical condition of PHC facilities.

During 2006/07, 92% of health districts produced District Health Plans (DHPs) in line with national guidelines. This exceeded the 2006/07 target of 80%. Efforts were also made to strengthen community involvement in health issues, with at least 40% of PHC facilities convening a minimum of one documented clinic/CHC committee meeting every second month.

Challenges were however, encountered in fostering collaboration between health districts and local government structures. Only 30% of health districts had their DHPs included in the Integrated Development Plans (IDPs) of municipalities. Similarly, only 30% of districts reportedly convened Districts Health Council meetings.

Through the *Partnerships for the Delivery of PHC Programme* (PDPHCP), funded by the European Union, the Department continued to strengthen collaboration between health districts and Non-Profit Organisations (NPOs) during 2006/07. In 16 rural nodes, the PDPHCP strengthened NPOs working in the health sector by focusing on three key areas: provision of skills; reduction of unemployment by ensuring that NPO workers are provided with stipends; and ensuring accountability to the health sector by requiring NPOs to report on their activities to the District Health Management Teams. Both the NPOs officials and care givers working in the 16 districts were assisted to undergo formal, accredited training in 2006/07. 40% of these NPOs reported on their activities in accordance with the DHIS.

The number of NPOs funded through this programme is envisaged to expand from 325 organisations in 2005/06, to 460 in 2007/08 and to 500 in 2008/09.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
DISTRICTS AND DEVELOPMENT	Develop functional health districts in SA	% of health districts with District Health Plans in line with guidelines	80%	92%
		% of health districts reporting quarterly on Provincial Annual Performance Plan & DHP indicators	50%	50%
		% of PHC facilities with a minimum of one documented clinic/CHC committee meeting every second month	40%	40%
		% of health districts with District Health Councils meeting quarterly	60%	40%
		% of districts with District Health Plans included in Integrated Development Plans	40%	30%
		DHP and Reporting guidelines revised and distributed	Dec 2006	Revised and distributed
	Improve service delivery in rural and urban nodes	% of District Health Councils in rural nodes where Rural Health Strategy has been discussed	50%	57%
		% of nodes with an Integrated Development Plan indicating joint program implementation	50%	57%
		% of nodes with completed DHIS report and submitted on time	80%	60%
		% of nodes reporting quarterly on progress with regard to the health components of the Joint ISRDP/URP work plan	60%	76%
		% & number health districts where movement of staff completed	77% 41 Districts by March '07	All provinces are currently implementing this process with varying degrees of progress. Free State, Limpopo and Northern Cape will complete the process by end of June 2007. Mpumalanga and North West may go beyond the 30 th June 2007. Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape will go beyond April 2008.
		% of facilities visited by a supervisor once a month (PHC supervisory rate)	50%	48%
		National PHC utilisation rate	2.8	2.11





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
DISTRICTS AND DEVELOPMENT	Strengthen PHC programme development and implementation	% of population within 5km radius of PHC facilities	80%	95%
		No of provinces using the National Strategy to monitor the referral system	5	0
		% of health districts who are at Level II of the DHIS (use no of districts)	35%	30%
	Strengthen Home Based Care (HBC) & partnerships with Non-Profit Organizations	No of nodal /rural -districts providing HBC (use no)	6	16
		Number of rural districts with strategy in place to monitor HBC services	10	16
	Strengthen Home Based Care (HBC) & partnerships with Non-Profit Organizations	% nodal points with formal partnerships between NPOs & DOH	4	16
		% NGOs funded by DoH in nodal points have had accredited training	40%	40%
		% of care givers in nodal NGO 's with accredited training	50%	50%
	Establish M&E system for NGO's	% of NGO's reporting using DHIS in the nodes	40%	40%
	Programme in each province	Number of local municipalities supported by each province with respect to healthy life style programmes	Each province supports 6 local municipalities (total 54 LMs)	8 Local Municipalities involved
	Move for Health programme	Number health promoters trained to implement global strategy on diet, physical activity and health	100	300
		Number of community based physical activity projects	5 per province	3 provinces are implementing these projects
	Nutrition campaign	Number of community based food garden projects	20 per province	5 per Province
		Mass media campaign to promote nutrition	SABC radio stations broadcasting 4 key messages in 11 languages	
30 community radio stations				





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
DISTRICTS AND DEVELOPMENT	Work place programmes	Number of major employers assisted to develop an Employee Wellness Programme (HP in the workplace)	5	Ongoing
		Number employees reached	5 000	800
	Implementation of the amended tobacco law	% reduction in smoking prevalence amongst adults and the youth, compared to 1999	10% reduction among youth,	MRC to conduct survey to determine prevalence rate
	Expansion of Health Promoting Schools	Number of primary schools identified as Health Promoting Schools	3,500	1500
	Implement school-based healthy life styles programmes	Number of schools with school-based food gardens	5 000	90
		Number of schools with tobacco control programmes	1 000	18
		Number of schools implementing global strategy for physical activity and health	1 000	72 Schools
	Distribution of IEC material in targeted sites	% of distribution outlets receiving IEC materials	35% schools 35% clinics 20% major super-markets	Not achieved. However IEC material was distributed to Provincial Departments of Health
	Improved control of lead in paint	Regulations on lead in paint	Regulations in place	Regulations yet to be finalised
	Develop plans to transfer of second staff from Provinces to DMs	% of health districts where MHS staff has been consolidated	77%	None of the health districts consolidated Municipal Health Services (MHS) staff.
	Use of MHS service delivery indicators	% health districts reporting monthly on these indicators	50%	None
	Agreed Framework for 3 poison-centres to work together & to report to NDoH	% of monthly reports from each centre available at NDoH	30%	Guidelines have not been developed and an in-depth analysis on poison control in the country will be undertaken in the new financial year.
	An agreed cost recovery system	% ports at which cost recovery system implemented	50%	0%
	Revised Hazardous Substances Act	Revised Act reviewed and adopted by stakeholders	Revised Act tabled before National Health Council	Draft of Amendment Act produced
Agreed Policy Framework	Draft Framework reviewed and adopted by relevant structures	Framework agreed upon by NDOH and DEAT	Data Collection from pilot projects	





PROGRAMME 4: HUMAN RESOURCES

PURPOSE

The aim of this programme is to support the planning, development and management of human resources for health at both the national and provincial spheres of government.

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of Programme 4

17. HUMAN RESOURCES PLANNING, DEVELOPMENT AND MANAGEMENT

Following the launch of the National Human Resources for Health Framework in April 2006, the Department continued with its endeavours to ensure the availability of adequately skilled, well motivated, and appropriately remunerated health workers during 2006/07.

A new locus of activity was developed with establishment of the Cluster, HR Policy Research and Planning responsible for medium - to long term policy planning support for the health workforce.

Four Provincial DoHs, the Eastern Cape, Limpopo, Mpumalanga and the North West produced their preliminary HR Plans. The National Department will support the remaining 5 provinces, to develop their HRH Plans during the next financial year.

Key milestones were also achieved in relation to the implementation of a new remuneration system for health professionals. A draft dispensation, an occupational specific dispensation, providing for the improvement of the service conditions of all categories of nursing personnel was finalised with the assistance of a Task Team consisting of the health sector, the DPSA and National Treasury. A dispensation encompassing other categories of health workers will follow during 2008.

With regard to the production of mid-level workers, a draft national policy on mid - level workers was also produced. In addition planning is at an advanced stage for the training of Clinical Associates. During the reporting period, the Department held regular consultations with the University of Pretoria, Walter Sisulu University and the University of the Witwatersrand, three of the institutions that will be training Clinical Associates, commencing in 2008. The job evaluations

for the Clinical Associate Co-ordinators posts were also finalized

Strides were also made towards the revision of curricula of various categories of mid-level workers. Discussions between the Department and the Pharmacy Council yielded several positive outcomes, with the Council proposing a new category of mid-level worker known as a Pharmacy Technician.

With regard to strategies to strengthen the nursing profession, the 5th draft of the Nursing Strategy was produced and discussed with key stakeholders at the Nursing Indaba held in March 2007.

In terms of the re-opening of nursing colleges, it is vital to note that in 7 Provinces, no nursing colleges had been closed. The only two provinces where this had occurred were the Eastern Cape and Gauteng. During the reporting period, the two provinces made significant progress towards the re-opening of colleges. In the Eastern Cape, the Lilitha College of Nursing developed plans to reopen the Dora Nginza campus for a four-year diploma course and post-basic training. Gauteng DoH plans to reopen Bona Lesedi at Leratong Hospital and the Coronation Nursing College as campuses of the Chris Hani Baragwanath Nursing College.

In terms of training for the expansion of the Comprehensive Plan for HIV and AIDS Care, Treatment and Management (CCMT), a total of 17054 health workers were trained. This exceeded the 2006/07 target of 6233 almost threefold.

With regard to the establishment of the Traditional Health Practitioners Council, the Department is still awaiting the finalization of the consultative process at NCOP level as prescribed by the Constitutional Court ruling. The target was for the Interim Traditional Health Practitioners Council to have been established by June 2006. This target has since been extended to June 2008 due to the Constitutional Court ruling.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HUMAN RESOURCES	Develop and implement strategies to strengthen human resources for health	Proportion of training institutions implementing the need and employment equity quotas set nationally	60%	Development of Need and Employment Equity Quotas in progress.
		Production of midlevel health workers	Preparation for implementation of clinical associate programme	Job evaluation for Clinical Associate coordinators posts were finalised and the Clinical Associate Coordinator were appointed.
		Curricula of various categories of mid level workers revised and implemented	Pharmacist assistants Curriculum review finalised	The Pharmacy Council proposed a new category of mid-level worker known as a Pharmacy Technician, which was consistent with the views of the NDOH
	Develop and implement strategies to strengthen human resources for health	Traditional Practitioner Council established	Interim Traditional Practitioner Council established by June 2006	Awaiting the finalization of the consultative process at NCOP level as prescribed by the Constitutional Court ruling
		Regulations for Traditional Health Practitioners developed and implemented	Regulations for Traditional Health Practitioners developed by July 2007	Consultative process still taking place at NCOP level, as prescribed by the Constitutional Court ruling.
		Private sector partnerships established	Service Level Agreements with GPs and specialists for sessional work in public sector facilities agreed upon by end 2006	Meetings were convened with the representatives of General Practitioners (GPs) to explore sustainable mechanisms for engaging GPs in service delivery in the public health systems.
	Publish final draft of National HR Plan for comment and adoption by National Health Council	Availability of HR Plan to guide HRH planning in the country	Plan launched in April 2006	Plan was launched in April 2006.
		No. of Provinces with HR plans based on National HR Plan	9	4 provinces with plans
	Expand community services	Publication and finalisation of regulations	Implementation of community service for nursing by January 2007	The implementation of community service for nurses has been deferred while the regulations are being aligned with the new Nursing Act.
	Training for expansion of the Comprehensive HIV and AIDS Care, Management and Treatment	Number of health workers trained to implement the Comprehensive Plan for HIV and AIDS Care, Management and Treatment	6 233	17 054.
	Strengthen Community-Caregiver programme	Development of Regulations for Community Care-Givers	Draft guidelines in place Nov 2006	First draft of the for Community Care-Givers developed.
		National Community Care-Giver Policy Framework implementation	Framework completed and implemented commences	Policy framework of 2003 will be reviewed in 2007/8
	Position NDOH as an employer of choice	Implementation of new remuneration system for health professionals	New remuneration system for health professionals implemented by July 2006	Draft dispensation for all categories of nursing personnel was finalised.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HUMAN RESOURCES	Position NDOH as an employer of choice	Review of Conditions of Service for health professionals completed	Review of service conditions for health professionals jointly with DPSA	Draft dispensation for all categories of nursing personnel finalised with DPSA
		Development and adoption of skills development policy	Skills development policy adopted by March 2007	The Skills Development Policy was adopted and implemented.
	Promote uniform policy environment	Reduction in inter-provincial variations in policy implementation	Guidelines for use by provinces adopted	Issue of reducing inter-provincial variation in policy implementation was addressed through the National Human Resources Committee (NHRC) and the JECC.
	Increase Production of health workers	% increase in intake of students in selected categories	Increase training of nurses by 2007	In 2006/07 Mpumalanga increased its student intake by 230, Limpopo by 200 and KwaZulu-Natal has a total nursing student population of 4 900.
	Increase Production of health workers	No. of nursing colleges re-opened	Audit of nursing colleges to assess feasibility of re-opening with cost implications completed and report presented to the NHC	In 7 Provinces, no nursing colleges had been closed. Lliitha College of Nursing in the Eastern Cape was planning to reopen the Dora Nginza campus for a four-year diploma course and post-basic training. Gauteng was planning to reopen Bona Lesedi at Leratong Hospital and the Coronation Nursing College as campus of the Chris Hani Baragwanath Nursing College
	Develop the National HR Information System	Standardized National HR Information System (NHRIS)	Advertising and awarding of the NHRIS tender by April 2006	Tender was awarded at the end of 2006 and implementation has commenced.
	Develop relevant HR regulations	Finalisation of all relevant HR regulations in terms of Chapter 7 of the NH Act	Finalisation of regulations by October 2007	The finalisation of the community service regulations has been put on hold in order to re-align them with the new Nursing Act.
	Establish Forum of Statutory Councils	Forum of Statutory Councils established	Finalisation of policy on the Forum of Statutory Councils	A process leading to the proclamation of section 50 of the National Health Act was initiated and staff interviewed to initiate the establishment of the Forum of Statutory Councils.
Develop policy on the recruitment of Foreign Health professionals	Adoption of policy on Foreign Health professionals by the NHC	Policy adopted by September 2006	Policy adopted in September 2006.	



18. SECTOR LABOUR RELATIONS

Progress was also made towards strengthening relations between the Department as the employer, its employees and trade unions in the public health and social development sectors. A total of 8 meetings of the Public Health and Welfare Sectoral Bargaining Council were held during 2006/07.

10 meetings of the employer caucus were held during 2006/07, aimed at facilitating the effective functioning of and providing leadership to the employer caucus in preparation for negotiations in the PHWSBC. This exceeded the target of least six employer caucus meetings for 2006/07.

The Department also played a key role in the analysis and review of selected collective agreements concluded in the PHWSBC.

The review was tabled at the PHWSBC, in consultation with the signatories to the agreements. A Task Team on the Review of Collective Agreements also met in January 2007, and identified expiry timelines, as well as relevant and redundant clauses in the PHWSBC collective agreements.

The Department's Employment Equity (EE) plan was also finalised and sent for printing during 2006/07. However, during the reporting period, no collective agreements were concluded on mutual interest matters concluded in the both the PHWSBC.

SUB-PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
SECTOR LABOUR RELATIONS	Actively engage with trade unions admitted to the PHWSBC on mutual interest matters affecting employees in the Public Health and Social Development Sector.	Number of PHWSBC meetings held annually.	At least six meetings of the PHWSBC annually	8 meetings of the PHWSBC held
	Facilitate effective operation and participation of the employer on all PHWSBC Committees established in line with PHWSBC Resolution 1 of 2001.	Number of meetings of PHWSBC Committees held annually	At least six meetings of each PHWSBC Committee held annually	The following meetings were held: 9 EXCO Provincial PHWSBC chamber workshops 4 EXCO Meetings; 1 Dispute Resolution Committee 1 Task Team on Minimum Services Agreement meeting and 1 Constitutional Amendments Task Team meeting.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
SECTOR LABOUR RELATIONS	Facilitate the effective functioning of and provide leadership to the employer caucus in preparation for negotiations in the PHWSBC.	Regular meetings of the employer caucus attended by Health and Social Development representatives nationally and from provinces	At least six employer caucus meetings annually	10 Employer caucus meetings held.
	Develop proposals for mandates on collective agreements for negotiation in the PHWSBC	No of Collective agreements concluded in mutual interest matters concluded in the PHWSBC annually.	At least 3 collective agreements concluded in the PHWSBC annually.	No collective agreements were concluded in the PHWSBC.
	Render support to the chief negotiator for the employer PSCBC during negotiator with trade unions	Number of collective agreements concluded in the PSCBC.	At least 3 collective agreements concluded in the PSCBC annually	No collective agreements were concluded in the PSCBC.
	Conduct analysis and develop proposals for review of selected PHWSBC collective agreements.	Analysis conducted and proposals for review of selected PHWSBC collective agreements submitted to mandating structure.	Analysis and review of selected collective agreements concluded between 2000 and 2005.	An analysis and review of selected collective agreements was conducted and tabled at the PHWSBC for review, in consultation with the signatories to the agreements.
	Engage trade unions in bi-lateral and multi-lateral discussions to build trust, develop the social partnership and to narrow down issues in dispute	% of resolved disputes between trade unions and employer in the PHWSBC	100% of disputes resolved of which at least 30% must be resolved at conciliation.	No disputes were resolved in the PHWSBC
	Engage with trade unions in bi-lateral and multi-lateral meetings at all levels to discuss strategic human resources-related and other policy matters relevant to the sector	Number of bi-lateral and multi-lateral meetings held with trade unions	At least four bi-lateral / multi lateral meetings per annum	Two bilateral meetings held with trade unions
	Promote information sharing in the PHWSBC with respect to strategic health and social development policy issues	Number of presentations made by the Department of Health and Social Development to parties in the PHWSBC	At least one presentation on strategic health and/or Social development policy issues per quarter	No presentations were made to parties in the PHWSBC.
	Promote the effective delivery of service to the community	Number of joint service delivery improvement projects undertaken in partnership with organised labour in the PHWSBC	At least one joint service delivery improvement projects per annum during the week of 1 May 2006.	No joint service delivery improvement projects were undertaken in partnership with organised labour in the PHWSBC
	Develop relevant Labour policies and procedures	Established Employee Wellness Centre	Research on different areas necessary in an EA centre conducted by March 2007	2 bilateral meetings held with trade unions parties.
		Audit of departmental compliance with labour legislation	4 quarterly bulletins	Disciplinary Policy and Code of Conduct finalised and circulated to managers and stakeholders.
	Finalise Employment Equity Plan	Employment Equity plan available	EE Plan available by March 2007	EE plan finalised and sent for publication
	Develop disability strategy	Disability strategy implemented in the NDOH	Strategy finalised by December 2007	A Draft Disability Strategy was produced
	Build a harmonious work force	Specific team development programme implemented.	Development programme on diversity management by September 2006	The development of diversity management programme was delayed. A service level agreement on diversity management was signed with a service provider in March 2007.





CONCLUSION

As the foregoing report has shown, despite many challenges the Department of Health has seen progress in health service delivery in 2006/07. This was achieved with guidance from the Minister, Deputy Minister and the Director-General.

The objectives and targets for 2006/07, which were not achieved, will be addressed through interventions outlined in the Departmental Strategic Plans for 2007/08.

Availability of adequate resources for the health system (especially human resources and finances) is crucial for the successful implementation of health sector objectives, and improvement of the health status of South Africans.

It must also be recalled that many determinants of health lie outside the health sector, such as access to education, water and sanitation amongst others. Intersectoral collaboration across government and with key stakeholders is therefore crucial.

